

Moultonborough Recreation Department  
**SUMMER PROGRAM EVALUATION**

Child's Name: \_\_\_\_\_ Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Program: (Check One) ☐ Happy Campers ☐ Recking Crew ☐ Teen Advent. ☐ Tennis Lessons ☐ Swim Lessons

How often did you/your child attend the program? (Check One)

☐ Regularly ☐ Occasionally ☐ Seldom

What activities did your child enjoy the most? \_\_\_\_\_

\_\_\_\_\_

What field trips did your child enjoy the most? \_\_\_\_\_

\_\_\_\_\_

Do you have any field trip suggestions? \_\_\_\_\_

\_\_\_\_\_

Did your child have fun? \_\_\_\_\_

What would bring more of your child's friends to the program? \_\_\_\_\_

\_\_\_\_\_

Will your child be attending next year? ☐ Yes ☐ No

If no, Why Not? \_\_\_\_\_

What is the most important thing to you for each trip? (check one)

☐ Weather ☐ Cost ☐ Participation ☐ Activity ☐ Other: \_\_\_\_\_

PLEASE RATE THE FOLLOWING BY CHECKING A BOX

	Need Improvement	Average	Good	Great
PROGRAM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAFF:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FACILITIES:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write any additional comments on the back of this sheet

Thank you!!!